Please refer to Section V. Line-byine Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is equired by law (Section 3010 of the Resource Conservation and Recovery Act).

## Notification of Regulated Waste Activity

**\$EPA** 

United States Environmental Protection Agency

Date Received (For Official Use Only)

sectory Acts	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	
A. Initial Notification B. Subsequent Notification	C. Installation's EPA ID Number
(Complete item C)	ZAR000007310
II. Name of Installation (Include company and specific site name)	
NULEX INC	
III. Location of Installation (Physical address not P.O. Box or Route Nu	umber)
Street	
2717 PORT WEAL C	IRCIE
Street (Continued)	
5 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	
City or Town	State Zip Code
SeRGEANT BLUFF	ZAS1054-
County Code County Name	
IV. Installation Mailing Address (See instructions)	
THE CONTROL OF THE PROPERTY OF THE PARTY OF	Control of the Contro
Street or P.O. Box	60 California (1985) (1
1919 GRAND AVENU	
City or Town	State Zip Code
SIIOUTO CITTY	ZA S 1 106-
V. Installation Contact (Person to be contacted regarding waste activi	ities at site)
Name (Last) (Firs	st)
RICHARDSON	
Job Title Pho	ne Number (Area Code and Number)
HSEE MANAGER 71	12-277-2011
VI. Installation Contact Address (See instructions)	the state of the s
A. Contact Address Location Mailing B. Street or P.O. Box	
X 1919 GRAND	AVENUE
City or Town	State Zip Code
SIOUX CITY	ZA 51106-
VII. Ownership (See instructions)	
Name of Installation's Legal Owner	
101171	
7 7 7 10 1	R00189986
, P.O. Box, or Route Number	RCRA RECORDS CENTER
[ , l   l   l   l   l   l   l   l   l   l	e
City or Town	State Zip Code
5/10/47/1/1/1	7451106-
Fliche Number (Area Code and Number)	Owner Type D. Change of Owner Indicator Month Da Year
7/2-277-80/11	O Yes No

Form Approved, OMB No. 2050-0028 Expires 12/31/02 GSA No. 0246-EPA-OT

	ID - For Official Use	e Only	
		2 2	
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)			
A. Hazardous Waste Activities	C. Used Oil Manag	ement Activities	
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (220-2,200 lbs.)  c. Less than 100 kg/mo (220 lbs)  Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste only  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail 3. Highway  4. Water  5. Other - specify	e: A permit is activity, see and/or Industrial and, and Refinemption On-Site Burner ction Control  e: A permit is Activity(ies)  a. Transporter  b. Transfer Faction Activity(ies)  a. Transporter  c. Used Oil Proc.  Indicate Type(  a. Processor  b. Re-refiner  c. Used Oil Fuel  a. Marketer W  of Off-Specification Activity(ies)	cility essor/Re-refiner - (s) of Activity(ies)  ion Used Oil Burner Marketer ho Directs Shipment ification Used Oil to irner ho First Claims the eets the	
B. Universal Waste Activity			
☐ Large Quantity Handler of Universal Waste			
IX. Description of Hazardous Wastes (Use additional sheets if necessary)			
A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instruction	ns if you need to list more than 12 waste o	codes.)	
1 2 3	4 5	6	
D001 D008 D009 D	0018 D039	0040	
7 8 9	10 11	12	
1. Ignitable 2. Corrosive 3. Reactive 4.Toxicity (D001) (D002) (D003) Characteristic 1  C. Other Wastes. (State-regulated or other wastes requiring a handler	waste number(s) for the Toxicity Characteristic of 3	contaminant(s))	
1 2 3	4 5		
X. Certification			
I certify under penalty of law that this document and all attachments were a system designed to assure that qualified personnel properly gather and the person or persons who manage the system, or those persons direct submitted is, to the best of my knowledge and belief, true, accurate, and submitting false information, including the possibility of fine and impris	evaluate the information submitted. Base by responsible for gathering the information complete. I am aware that there are significant to the significant of the signi	on, the information	
Signature Name and Official Title (Type or print) Date Signed  Lynn R. Chandson HSEE Myn 3/5/02			
XI. Comments			
Please Change facility to CES  Note: Mail completed form to the appropriate EPA Regional or State Offi		resses.)	



## NUTRA-FLO COMPANY

1919 Grand Avenue · Sioux City, IA 51106-5708

PHONE: 712-277-2011 • TOLL FREE: 800-831-4815 • FAX: 712-279-1946 WEBSITE: www.Nutra-Flo.com

March 5, 2002

MAR OS 2002 RESP

United States Environmental Protection Agency Region 7 Air, RCRA, and Toxics Division RCRA Enforcement and State Programs Branch (ARTD/RESP) 901 North 5<sup>th</sup> Street Kansas City, Kansas 66101

Dear Sir or Madam:

I am enclosing forms for a second time requesting that the downgrading from generator to conditionally exempt small quantity generator for our Floyd and Nulex facility. I previously filed these forms in July of 2001. Apparently nothing has been done to change the status of these facilities because I continue to get requests for information pertaining to a large quantity generator. Neither of these facilities has disposal of hazardous waste above the CESQG limits (they only have parts washers and/or small amounts of any other material). Your assistance is greatly appreciated.

Sincerely,

Lynn Richardson

RCRIS data entered

by Coxones

on

RO0189734
RCRA RECORDS CENTER